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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/736,457			ing Date 15/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
	FOR	N	JMBER FIL	.ED NUI	MBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A		N/A]	N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),	E or (q))	N/A		N/A		N/A		1	N/A	
	FAL CLAIMS CFR 1.16(i))		mir	us 20 = *			x s =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•		X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$29 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (97 CFR 1.16(j))									ı		
* If:	he difference in colu	r "0" in column 2.		TOTAL		J	TOTAL				
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	02/09/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(ii)	· 24	Minus	·· 49	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 5	Minus	···6	- 0		X \$110 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	•	Minus		-		X \$ =		OR	X \$ =	
N	Independent (37 CFR 1 16(h))	*	Minus	***	-	ı	X \$ =		OR	X \$ =	
Ē	Application Size Fee (37 CFR 1.16(s))					1			l		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "o' in column 3. If the "Highest Number Previously Paid or 'in THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For 'in THIS SPACE is less than 3, enter "3". Highest Number Previously Paid For 'in THIS SPACE is less than 3, enter "3". Highest Number Previously Paid For 'in THIS SPACE is less than 5, enter "3". Highest Number Previously Paid For 'in THIS SPACE is less than 5, enter "3".											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you preparing, and such military line compressed applications from the USP*10. In the way suppersuiting upon the interview decade, Any comments on the amount of the require to complete this form and/or suggestions for freducing this burden, should be sent to the Chief Information Officer, US. Patient and Trademark Officer, U.S. Department of Commence, D.O. Box 1460, Alexandria, VA.22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1480, Alexandria, VA. 22313-1450.